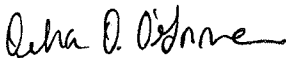




PLAINTIFF Attestor Master Value Fund LP	COURT CASE NUMBER 14 Civ. 05849 and related cases
DEFENDANT The Republic of Argentina	TYPE OF PROCESS Writ of Execution
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT { Federal Reserve Bank of New York	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 33 Liberty Street New York, NY 10045	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Dennis Hranitzky, dennishranitzky@quinnemanuel.com Debra O'Gorman, debraogorman@quinnemanuel.com 51 Madison Avenue, 22nd Floor New York, NY 10011	Number of process to be served with this Form 285 1 Number of parties to be served in this case 1 Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):	

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 516-384-6888	DATE 10/13/2021
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 054	District to Serve No. 054	Signature of Authorized USMS Deputy or Clerk 	Date 10/13/21
I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above) LT. SYLVAIN				Date 11/4/21	Time 1200 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy  31513	

Costs shown on attached USMS Cost Sheet >>

REMARKS SERVICE FEE 1 hr = 65 Net FEE = 2 hr = 112 TOTAL 66.12	FILED U.S. DISTRICT COURT EAST NOV 10 AM 10:30 S.D. OF N.Y.
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